

United States Representative Jerry McNerney

PRIVACY ACT AUTHORIZATION FORM

To begin processing your case, please complete all of the following information: Circle One: Mr. Mrs. Miss Ms. Date of Birth First and Last Name E-mail_____ Evening Phone____ Please provide any information that may be applicable to your case: Federal agency with which you seek assistance Social Security # (do not include for USCIS) Alien Registration # or WAC #, and USCIS Form #_____ Rank and Military Branch of Service_____ Military Identification # or VA #_____ Other (please be specific)_____ Briefly explain the problem you are having or the information desired*: * Attach additional pages if necessary and <u>include copies of all relevant documents</u> received from the federal agency with which you seek assistance. Do not send original documents, as we cannot ensure their safe return. I understand that the provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without his or her consent. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted within in; 2) I reviewed and understand all of the information contained in my privacy release and submitted within it; and 3) all of this information is complete, true, and correct. Accordingly, I authorize Congressman Jerry McNerney and his staff to access any and all of my records that relate to the problem stated above. Signature_____

For urgent assistance, please call (209) 476-8552 or fax us at (209) 476-8587. Otherwise, please mail your completed form to our Stockton office at:

Attention: Constituent Services
Office of Congressman Jerry McNerney
2222 Grand Canal Boulevard, #7
Stockton, CA 95207